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Appendicitis from the Standpoint of the General Practitioner.

Read before the Missouri Valley Medical Society at Lincoln, Nebraska, December, 1891.

By R. M. STONE, A.M., M.D., Omaha, Neb.

There is no subject before the general surgeons of the present day that is receiving so much and so needed attention as this one of appendicitis. There is no subject of equal importance before the vast body of general practitioners of all grades that is receiving so little attention. While many general practitioners have joined with the surgeons in the recent investigations into this most important subject, while many men that never use the knife, but are perfectly competent to say when it should be used, are thoroughly familiar with the history, danger and necessities of appendicitis, yet it is lamentably true that the grave receives hundreds of cases yearly in which this condition existed but was never known, and in which peritonitis, local or general, was the diagnosis and the given cause of death.

My article is not intended to be on the subject of appendicitis; that I shall leave to abler men. I intend to relate the history of two cases, and to bring out as clearly as possible the mistake of a general practitioner in connection with one of them, and to use that mistake as a text for a few remarks on the subject of appendicitis.

I was recently called to see Mrs. S., age 27, on a Tuesday morning at six. She informed me that she had had a severe attack of inflammation of the bowels six years before; that on Sunday previous she had had abdominal pain, which was more pronounced on Monday, and very severe upon taking a buggy ride Monday evening, was frightful

all night, not allowing sleep. I found her in this condition forty-eight hours after the first abdominal pain. The pain was somewhat general, the abdominal walls rigid, and the pain most severe at the site of the appendix. No tumor could be felt. Her temperature was $101\frac{3}{4}^{\circ}$; her pulse 96. I gave her morphine under the skin, and followed it by the mouth, and the constant use of a hot water bag. At 6 P. M., a tumor was felt at the McBurney point.

I asked for surgical consultation, and called in my friend Dr. Summers, jr., who also felt the tumor, and agreed with me upon the diagnosis of appendicitis. Her temperature was then 102° , her pulse 96. The general conditions were quite favorable; the pulse was good, and there was no vomiting. While we agreed that there was no demand for an immediate operation, we thought best to lay the prospect of an operation before the husband and the patient, which we did in full, impressing them with the gravity of such cases and the possible necessity of an operation during the case, and secured their consent to have it done when demanded. At midnight, her temperature was $100\frac{3}{4}^{\circ}$, her pulse 84. The next day at 8 A. M. the temperature was 101° , the pulse 84. The general conditions were very favorable, the abdomen less rigid, the tumor still present. At 6 P. M., the temperature was 102° , the pulse 92, and the general condition still favorable. The next day, the temperature was $99\frac{3}{4}^{\circ}$, the pulse 72, and everything improved. The tumor was less easily mapped out, and the abdominal walls less rigid. She had rested well all night. The next day and for the following three days of attendance the temperature was 99° , and the pulse 76 to 96. On this, the sixth day of her trouble, there was no abdominal pain, and the tumor could not be felt. As usual with her, after the use of

morphine, she now for the first time began to vomit, which was easily controlled by champagne, which she pronounced most elegant and delightful treatment.

This case ended here, with fairly rapid convalescence, embarrassed only by some irritability of the rectum, with mucus diarrhea some twenty-eight days afterwards. The treatment consisted entirely of morphine hypodermically a few times, and by the mouth steadily, one-fourth of a grain every three hours for four or five days. It was not, in our judgment, advisable to use cathartics at all. We did wash out the lower bowels on the second or third day's attendance.

I now turn from this most fortunate and yet plainly characteristic case to one more violent and ending in death.

I was called on Wednesday, Oct. 9, at noon, to see Miss X., aged 16. I was unable to reach her until 6 P. M., when I found a very robust country girl, who gave me the following history: That she had had for months constipation, and at times abdominal tenderness; that she went to school on Monday suffering with a little abdominal pain; that she had still more pain on Tuesday, and yet walked to and from school, nearly one and three-quarters miles each way; that on Wednesday she had had a high fever and much more pain.

I found her suffering very severe pain. She had a temperature of 103°, and a pulse of 120. The abdominal walls were very rigid, but no tumor could be felt at the McBurney point. Thursday morning, the temperature was 102°, the pulse 132. The pain was still more severe, and a tumor was readily felt. I telegraphed to her parents, and laid the necessity of an operation in the near future before her friends with whom she was living, who agreed to the operation if it became necessary.

I called Dr. Summers, jr., in consultation, and we saw her at noon. The abdominal walls were very rigid, and the tumor very plainly felt. The temperature was 104°, the pulse 148, and we felt that leakage had taken place. We found that the parents could not reach Omaha till 4:30. We again

laid the matter before her friends, and in the strongest language urged an immediate operation. They declined their consent by reason of the fact that the parents would reach Omaha in four hours. We insisted that an operation was imperative; that every hour lost was most valuable time lost; that the condition was entirely parallel to one in which a patient was found bleeding from an internal artery and death imminent, and that they had no right to compel delay; that they added very materially to the girl's danger.

They were obdurate, and I laid the matter before the girl. After hearing me, she replied: "I will take the responsibility if my friends decline, and you may operate at once if you deem it best." I so informed the friends, who replied that the girl was only sixteen, and not old enough to take such a responsibility, and they again declined to allow us to operate. Had the girl been eighteen, we should have operated without regard to her friends.

At 3 P. M., Mr. S., in whose house she was, accidentally met the girl's father's family physician on the street. He was informed of our views, and requested to go up alone and see the case. This he improperly consented to do. He went to the house, examined the girl as thoroughly as he knew how, and informed the friends that she was doing well, did not need an operation, and would recover upon general treatment. At 4:30 I accidentally met the doctor while I was on the way to the house with the parents. He gave me his views, and wished to argue the case with me, as he was going to the train. I informed him that if he was not going back to the house I did not care a continental what his views were; that if those were his views, he had already done harm enough.

I laid the matter before the parents on the way to the house, and then sat in the parlor while they went to the room and saw their daughter. The father soon came back and said: "Operate at once if you deem best."

I called Dr. Summers by telephone, and made things ready. Meanwhile, Mr. S. re-

turned and said that Dr. B., the family physician, had so impressed his views upon him that he should urge the parents to forbid the operation, and that he had called Dr. Crummer in to have his views. I told him that nothing could please me more than to meet Dr. Crummer in consultation, because I knew that he was thoroughly familiar with such cases and would at once approve of the operation. Dr. Summers and Dr. Christie came, and at the same moment Dr. Crummer. Drs. Crummer and Christie examined the patient, and said that most likely an operation was already too late; that leakage had already begun, and the general condition could hardly be worse; that death was inevitable without an operation, and highly probable with one, and was the only measure left.

Dr. Summers, assisted by those named and myself, then operated. He made an incision in the ileo-coecal region, and upon opening the peritoneum there popped out onto the abdominal wall an enterolith, cigar shaped, one inch long and three-quarters of an inch in diameter, a most rare occurrence. The appendix was brought into view, and a perforation found where the enterolith had ulcerated its way out. Further investigation showed that the pelvic cavity was full of pus. Dr. Summers then made a central incision, and washed out the cavity till the water returned clear. There was a large quantity of most horribly foul pus within the pelvic cavity, and pyæmia had already taken place. The patient came near dying on the table, but was gotten to bed by the frequent use of hypodermic injections of brandy. She died at 11 P.M., and thus ended one of the most rapid and sad cases I ever saw, with most peculiar attendant circumstances.

In eighteen years of medical practice, I never realized so strongly the responsibility attendant upon being a physician. The conditions found upon the examination of this case by Dr. Summers and myself showed the absolute necessity of an immediate laparotomy for the appendicitis. Nothing but the age of the girl prevented us from saying to the friends that in face of their refusal

we should be compelled to operate without consent of friends or presence of parents, the patient assuming the responsibility.

Nothing in medical practice has ever struck me so forcibly as the terrible responsibility of Dr. B., who, in violation of all propriety, visited my patient without me being present when I could easily have been found, and his assuming, in face of the expressed opinion of two physicians that we were wrong, that no pus was present, and that an operation was not demanded. When he learned, as he did later, that all four of the physicians present agreed upon the conditions and proved them by the operation, he must have realized as never before the responsibility he had assumed. Had we been fortunate enough to have found the pus walled off and to have made a successful operation and saved our patient, then indeed would he have been overwhelmed.

Appendicitis is by no means a new condition. Up to within eight years we have been burying many of our cases of appendicitis and signing the death certificate with death from peritonitis, never knowing or dreaming of the real condition. Our good friends, the surgeons who operate in the great hospitals, who do not have the views of officious friends to combat, who examine, pass judgment and operate when they see fit, first taught us the real nature of this trouble. They were soon able to diagnose it and to lay down some rules for our guidance. Surgeons, however, are not yet entirely agreed as to the indications for appendectomy. This operation, in common with all the later operations, has called forth most widely divergent views. Dr. Morton, of Philadelphia, read an able paper on appendicitis at the last meeting of the American Medical Association. He divided the cases into three classes: First, where irritation or simple inflammation only is present. In these, the diagnosis is not easy; the symptoms are pain, increased by pressure, possibly nausea, vomiting, constipation, and an accelerated pulse. Second, where severe inflammation with ulceration and perforation give tumefaction and other evidences of inflammation. In these, there

was a tumor from lymph exudation, but with no symptoms of pus formation. Third, where ulceration and perforation had occurred, with sufficient lymph exudation for protection. In these, the onset was sudden, but it was not usually the first attack. In these cases, there was no encasing wall, and there was intense local and general peritonitis."

In the discussion of this paper by such men as Fenger, Marcy, Manly, Tiffany, McGray and Thomas, all views were held from that of operation in every case to operation in one out of twenty. Dr. McGray stated that as demonstrator of anatomy he had found diseased appendices in thirty-five per cent. of autopsies from death from all causes. Dr. Thomas said that without operation death was the exception, recovery the rule.

In the London Clinical Society recently during a discussion upon appendicitis, Mr. Bland Sutton called forth a large smile by saying that one of his cases of appendicitis "had been treated by the methods ordinarily adopted by physicians," and the great surgeon Treves, noted for his boldness, stated that "the medical treatment of this affection was successful in the great majority of cases, and that to treat them all surgically would only lead to disaster; that the epidemic of removal of the appendix had been extreme; that mere acuteness of symptoms would not always indicate even a diseased appendix, while he had known patients to keep at work up to the bursting of the appendix. He deprecated surgical interference before the fourth or fifth day."

Dr. Study, of Indiana, reports a case of death preceded by intense abdominal pain of only forty-two hours duration, where the autopsy showed a large quantity of pus in the pelvic cavity, the intestines matted together, and two perforations in the appendix.

My plea is not for operative interference, but for the utmost care and anxiety in the watching of these cases of inflammation in the ileo-cæcal region, the early calling in of the experienced surgeon in consultation, the division of the responsibility of deciding what the real condition is, the laying the

gravity of the condition before the patient and the friends early, and thus paving the way for a quick decision when it becomes necessary, and the operation of removal of the appendix in cases that demand it.

Diphtheria—Its Pathology and Treatment.

Read before the South Kansas Medical Association, Hutchinson, Kansas, November 17, 1891,

By GEO. W. AKERS, M.D., Stafford, Kansas.

Diphtheria. What is it? Flint says: "It is a general disease or an essential fever."

In Bartholow's Practice of Medicine I find this statement: "Diphtheria is an acute, specific, contagious disease, beginning by an infection of the throat and characterized by a local exudate and glandular enlargement, systemic poisoning, and having for its sequelæ various paralyses."

"Epidemic diphtheria," says Von Neimyer, "belongs among the infectious diseases, and even among those that are most typically contagious."

Vogel represents it as an "acute general affection, the most striking symptoms of which consist in an extensive formation of membrane on the posterior part of the mouth."

Dr. Reiter claims that it is a "general disease with a highly fibrinized condition of the blood," and J. Lewis Smith, than whom there is no better authority in this country, believes it to be a "blood disease which like measles and scarlet fever has a local inflammatory manifestation usually in the fauces."

Thus it will appear that our best authorities believe diphtheria is a blood disease, or poison of a peculiar specific character, and therefore a constitutional disease with a local manifestation in the throat.

At one time, however, the disease was thought to be local only, and the practice then prevailed of cauterizing with nitrate of silver and the mineral acids, but every one who has had any experience in the treatment of diphtheria with such remedies has realized the utter worthlessness of the treat-

ment. A constitutional disease cannot be successfully treated with local remedies.

Now, if our latest authorities be correct, What are the pathological changes produced?

If we can find clear footing here, we may be able to gain some light which will help us in arriving at a correct and common-sense treatment.

Two views are entertained as regards the local lesion and the constitutional affection. One is that the poison first enters the blood, and the membrane, as it appears upon the throat, is the result of the peculiar condition of the blood, or an outward manifestation of an inward pathological condition. The other is that the microbe which is believed to be the cause of the disease enters the circulation through some local lesion, and the blood becomes contaminated later on.

I think it was Dr. Morrell McKenzie, of London, who said he had never seen a case of diphtheria in a perfectly healthy child, and while I am a steadfast believer in the theory that the disease is a specific constitutional poison, yet I am inclined to agree with the doctor, as an impaired constitutional condition is an inviting field for the diphtheritic germ, whatever that may be.

Bacteria have been found in the exudate, and those micrococi exist in colonies and are most abundant in the superficial portions of the pseudo membrane.

Bacteria have also been found in the lymphatics in the vicinity of the inflamed parts. Loeffler says every diphtheritic patch contains many species of bacteria which have been cultivated, but as they have not been isolated, the specific germ of diphtheria has not been determined.

The micrococi present appear to be identical with those observed in other forms of disease affecting the mucous surfaces, and probably are not the specific germ producing diphtheria.

It is thought by many that the micro-organism which causes diphtheria is a bacillus which, lodging upon the surface of the throat, is propagated there, having upon the mucous surface a favorable nidus for its development. It not only lies upon, but

penetrates the superficial portion of the mucous layer, and causes the fibrinous exudate, known as the false membrane.

Cheyne says: "The pseudo membrane thus produced consists of fibrinous exudate and dead epithelial cells." As the bacilli multiply, the exudate extends.

It is now being taught by many of our pathologists (and some of them are very able indeed) that through the influence of the specific diphtheritic poison the throat becomes diseased from the unhealthy condition of the glands of the neck, and thus fitted for the habitation of the bacilli. They offer as proof of the correctness of this theory the incubative period of from three to five days in a majority of cases; the early occurrence of nephritis, even as early as twenty-four hours in malignant cases, and very severe and sometimes fatal nephritis when the mucous surface has been but little affected; and the common experience of every one who has had many cases of this disease to treat, that the peculiar diphtheritic exudate forms wherever there is a break in the integrity, either in the mucous or cutaneous surfaces.

We usually find the parotid, maxillary, sub-maxillary and cervical glands are usually much involved and sometimes enormously swollen.

Diphtheria usually is quite easy to diagnose, especially after the membrane has formed.

When called to a patient suffering with sore throat, I never neglect to examine the glands of the neck. If I find them tender and painful on pressure, the patient's pulse small, tense and rather frequent, with an elevated temperature and highly-inflamed tonsils and soft palate, I watch the case closely. These are the initial symptoms of diphtheria, and usually are speedily followed by the pathognomonic signs, to wit: The exudate upon the tonsils.

Its prognosis is reasonably favorable. I am sure the disease is amenable to proper treatment, although a country physician once said to me he did not believe a patient with diphtheria ever recovered. "When I have a case of supposed diphtheria," he went

on to say, "and it dies, I know I am correct in my diagnosis; but if it gets well, I call it tonsilitis." I am not so faithless in our ability to successfully treat this terrible disease, as will appear farther on.

In discussing the treatment, I shall give my own personal experience, based upon the treatment of 120 cases, with a fatality of seven.

I will say in the outset that all of the above 120 cases had the peculiar pulse, involved glands and the membrane upon the posterior part of the throat, hence I have reason to believe they were all genuine cases. When called to treat a case of diphtheria, where the temperature is elevated and the glands swollen and painful, I immediately resort to the cold water pack to the throat. I have this applied as cold as possible, changing the dressing as often as it becomes warm. I persevere with this remedy until the fever gives way and the normal temperature is restored. This condition is usually reached in a few hours if the cold water is intelligently applied.

As an internal remedy I regard calomel as the grand "sheet anchor" of the profession in the treatment of this disease. I begin with the remedy at once, and to a child five to ten years of age I give five or six grains, each hour, until I get copious discharges, gelatinous in appearance and of a dark green hue. Then my experience has been that the patient was safe.

Some may think this heroic treatment, and it is. The nature of the disease is such that it requires heroic treatment, and if Dr. Reiter is correct, and the blood is loaded with fibrin, then the physiological action of calomel must make a valuable remedy.

I have given as high as forty or fifty grains of calomel to a child with diphtheria in a few hours, and have never seen any evil results follow.

After I have received the desired action of the calomel, I give tinct. of iron and chlorate of potassa as strong as I think my little patient can stand. From the time the exudate makes its appearance until fully detached, I spray the throat every half hour or hour with a solution of lactic acid—one part of

acid to five parts of water. This remedy in my hands has done good service, and has been the means of rapidly dissolving the membrane. After the exudate is removed, I spray the throat with a solution of carbolic acid, or of salicylate of soda or bicarbonate of potassa frequently. Quinine and alcoholic stimulants are given liberally when the exudate begins to loosen or the powers of life appear to be on the wane.

I never cauterize the throat, swab or forceably remove the membrane. I believe this is bad practice. Nay, more; it is absolutely cruel, and cannot be condemned too severely.

Cleanliness and proper alimentation are great factors in the successful treatment of diphtheria, as indeed it is in any other disease.

Of my fatal cases, No. 1 died the third day after he came down. He took but one dose of calomel, resisted the cold pack, and his parents would not enforce my orders. His throat was never sprayed. In fact, he had no treatment.

Case No. 2 was sick several days; recovered sufficiently to go to school; was exposed to a severe storm; took a relapse, and was sick several days before I was called. When seen with the second attack she was beyond the reach of medical aid.

Cases Nos. 3, 4 and 5 were all in one family. The father and mother were full of scrofula, so to speak, and the children had inherited the diathesis. The family were dirty and lived in a very poor house. There was a caved-in cellar, containing half rotten cabbage. The floor was open, and the stench from the decaying vegetables came up into the room where the family lived. The hogs and cattle ran loose around the house. In fact, everything was against us. There were four children in the family; all had the disease. The first three died; the fourth was saved by having it removed to a neighbors house, where the sanitary surroundings were good and our treatment given a fair test.

A typical case came under my care a few weeks ago. A child eight years of age had been sick for two days, when I was called.

I found the patient with high fever and the peculiar small tense pulse. The glands of the neck were badly involved. On examination of the throat, the tonsils and soft palate were found covered with membrane of a dirty ash gray. Her breath was intolerable fetid. I applied the cool pack; gave calomel until I got its effect; followed with tincture iron and chlorate of potassa. Sprayed the throat each half hour with lactic acid. In a few hours the membrane was gone. At this point gave whisky freely. In four days the membrane was all gone, the glands were unloaded, the swelling gone, and the patient was on the high road to recovery.

I do not wish to be understood as never using any other remedies than the ones mentioned. I have used many, but have learned to rely on the above.

DISCUSSION.

Dr. C. C. Furley commends paper. In addition to treatment suggests the use of per oxide of hydrogen, eucalyptus, lactic acid and papine. As after-treatment would use strophanthus, digitalis and heart tonics in general.

Dr. Wetherby recommends a sixty per cent. solution of per oxide of hydrogen, increased if necessary to full strength to dissolve membrane. Sometimes uses scale pepsin and aristol in addition to the per oxide.

Dr. Colliday thinks there is no specific treatment.

Dr. Hall believes diphtheria to have a local origin, and is most emphatically in favor of combatting it from a local standpoint and by local treatment.

Dr. Scott believes diphtheria to be a local trouble with a constitutional manifestation.

Dr. Whittecar believes diphtheria primarily to be a local disease, and secondarily a constitutional one; and the rational treatment of it depends on the stage in which we find it.

In early practice he followed the line of his teachings, viz: That it was always a constitutional disease and treated it accordingly, and lost eighty per cent. of his cases. But

he became convinced by practical observation and experience of the error of his teachings, and since giving his patients the benefits of early and thorough local treatment he has reduced his percentage of deaths to twenty, and in some epidemics even lower than that.

Dr. A. S. Cloud thinks the disease to be a local trouble, and can only be treated successfully from a local standpoint.

Dr. Klippel is a firm believer in the local origin of diphtheria. Uses and recommends per oxide of hydrogen, by spray or swab, and eucalyptol as remedies for local treatment. Also advises the constant use of steam from lime water to keep air moist.

Germ Theory of Disease.

Read before the N. E. K. M. & P. Association, Wetmore, Kansas, February 9, 1892.

By DR. TROUTMAN, Seneca, Kansas.

Mr. President and Gentlemen: It is a pleasure to come before you at this time and try to say something that may at least stimulate us to greater activity, if not now benefitted. From my earliest boyhood I can say that personally I have derived more stimulus from what we call mutual improvement societies than from any school or hospital course, either in secular or medical education, that is, when they are used for legitimate purposes; and you will pardon me if at this time I would say that this society will never accomplish its purpose until it becomes an independent local clinic; and I would have you understand what I mean by independent—I mean an individualist in medicine.

It can, as a society, have no faith in an assumption that the more a dose is divided the more positive is its action. The less we have of it the more potent it becomes. Again I must explain. I do not want it understood that I am their enemy in social, political and medicinal life, for as citizens they are my equals, but as a pathy and the only pathy. It is like the old hard-shell Baptist theology—theirs is the only church, medical.

We believe in medicine and we believe in surgery, and we know what it is to use the mechanical tools of the surgeon and to feel the strain on the mental and nervous system; we know what the feeling is when we hear the "well done."

But in the life and experience of the earthly physician there are depths of knowledge and well springs of pleasure which the surgeon knows nothing about. The physician is expected, and must, if he fills his destiny, absorb knowledge from every known field. The difference between a Huxley and a Tyndle must be known to him, for upon it, in our judgment, rests the future of our practice.

Life, what is it? Is it an antecedent to, or a resultant from, matter? I can but state the fact: Life, soul life, potential life, individual life, my individual life, your individual life differentiated from mine is antecedent to matter, superior to it and will forever remain so.

This brings me to the microscope—the instrument of instruments, the revealer of the how and why; the instrument which has taken down cell by cell, structure by structure of the human, the sarco house of man. The course of its elevation and also of its degradation is revealed. It tells us why the physical and mental development of the Scotchman is superior to that of the lowland Englishman. The human germ—the spermatozoa—is more vitalized and energized by their oat-meal and pea-meal broes, and their barley banacs. It has given to us a scientific basis upon which to build a scientific practice of medicine. The microscope in examining the secretions and the excretions, in the solids and the fluids, growths, normal and abnormal, it has found germs that can and do produce like diseases. The streptococcus germ of diphtheria, the germs of syphilis and of cholera, the different fevers produced by different germs from the small pox down through chicken pox, etc., each and every one has their own pathogenic germ.

Germs that can be isolated and cultivated under proper conditions will produce the same fever and the same pathological conditions over and over again. Take as an

illustration the germ of diphtheria, known as streptococcus, which is capable of directly causing the formation of the false membrane on the mucous membranes in all parts of the body. It is one of the greatest ptomaine excretors, seen from the quick toxical work producing death. The spores from which it grows seem incapable of destruction. They are found in the solids and fluids of man and beast. It is a rot which, for politeness sake and to not offend good society, we euphoni-ously call diphtheria. The spores of this germ fill the air hundreds of feet around. The patients, cats, dogs, birds and clothing of every description are means for spreading it by contagion and infection. Again, the very milk we drink, the food we eat, are a means for its reproduction.

A case in point: Some time this last fall a doctor in our city was away from home, and a patient of his, and one of our best and most prosperous farmers, was confined with a compound comminuted fracture. Thinking that something was wrong, I went out to attend to the call for him. I found the leg inclined to show symptoms of erysipelas, and in addition I found two of the youngest children in bed. I was asked to look at them, and I found in the throat of one of them several diphtheritic patches, in the other a throat swollen and ready for the membrane. I at once told them that it was diphtheria, and that there was not another case in the whole county. Eight children and their mother were taken down with it. The doctor came home that night, and on his visit found the dreaded disease fully established; and with the use of three germicides, viz., sulphuric acid and iodine used internally and Monsel's solution locally applied to the throat they were saved.

The time of incubation is about eight days. When the germ is received by contagion or infection its attack is slow, lassitude, debility, headache, languor, pains in the back, rigors and fever; tongue coated with a heavy dark brown coat, etc.; but these we need not follow.

The marks of this dreaded disease are read and known of all men, so quick and certain is the work of this germ. That the patient

dies of embolism, asphyxia, hemorrhage, uremia, exhaustion, etc.

Now with such facts before us the doctor knows that specific medication is a farce and a humbug. The sarco house is full of the germs, and excreting their deadly ptomaines. We will not mention the hygiene needed in the case, but will outline our treatment on what we know to be a germicide therapy. Hot tartarized whey is one of the best sterilizers of this and other germs. I give it in ounce doses to the pint of boiling milk from which the whey is made; this is to be drank at once by an adult. Then one ounce is added to one quart of boiling water, including thirty grains of rhei, and given in wine-glass doses every three hours. Take your microscope and place the kidney secretions on the field and the proof is before you. We give sulphur and glycerine internally and carbolic acid and peroxide of hydrogen to the throat and skin. Lime and sulphur boiled in twenty times their weight in water can be used in the throat by spray, the germ patch will shrivel and exfoliate, germinal protoplasm will stop; but whilst this is being done, blood and brain nutrition of the very best must be used to keep the elementary bioplasm of the blood from being degraded.

With this knowledge, disease is placed beyond the field of doubt and experiment. This disease ceases to be looked upon as a perverted function, and becomes a rot produced by a positive pathogenic germ. Who cannot see the opening future for a practice of medicine resting secure on a positive scientific basis?

One more illustration and I shall have done. On the 30th of January, 1891, I received a patient into my home for treatment. He had been a sufferer from tuberculosis of the leg for about fifteen years. The cause given was from a fall whilst a child. Starting at the head of the tibia and running its entire length in that length of time, it reached the ankle joint. I will assume this that the pathogenic microbe—the tubercular bacilli—entered the patient, and it is enough to know that I have been their family physician for fourteen years, and that no taint is

in the family, the bacilli having found its way into the tissue of the tibia, especially into the cancellous tissue. The patient was thin and had a cadaverous look, weighing only about 129 pounds; hectic fever and some cough; one sinus opening on the inner side of the right ankle; when probed by one of Dr. L. A. Sayre's probes, the lower and articular end of the tibia was found to be almost entirely hollow. Having the full confidence of the family, he was placed under my care instead of being taken to Kansas City. He was at once placed upon a generous diet, and given a compound of syrup of walnut, stillingia and dulcimar, heavily charged with iodide and bromide of potassa; all milk and water to be drank was sterilized with peroxide of hydrogen. A soft, fatty clay was mixed for a poultice with the same to sterilize the germs and take down the swelling around the ankle. In about six weeks, with constitutional and local treatment, the patient had gained in weight and improved in color so that I deemed it safe to perform Dr. L. A. Sayre's operation in such cases, assisted by Dr. F. F. Lesh, who kindly did the greatest part of the work, entering through the sinus with Sayre's oyster knife periosteotome, and with it gouged out more than two-thirds of the lower end of the tibia, also into the astragalus.

The operation lasted about one hour. Warm water strongly carbolized was used with a fountain syringe, an opening was forced through on the opposite side of the joint, and when all of the soft and germ-laden tissue had been gouged and washed out, the finger introduced to find if all had been got rid of; when this was done, a seton made of carbolized oakum about a half inch in diameter, softened with peruvian balsam, the leg was fixed with splint, moleskin, strapping and bandages. The seton was moved twice a day, the joint irrigated with a solution of chloride of mercury, and the discharge of pus was heavy, and I doubted the success of the operation. I changed the treatment from chloride of mercury to per oxide of hydrogen to wash out the cavity. I had an ointment made with two ounces of

vaseline, one drachm each of resorsin, sulphur and per oxide of hydrogen. This was used instead of the balsam. A change of treatment was made internally. Price's C. P. glycerine, per oxide of hydrogen and dilute phosphoric acid were given in teaspoonful doses three times a day, every other day. The bowels were moved with sulphur, glycerine and per oxide of hydrogen.

Cleft Palate.

Read before the Eastern Kansas Medical Society in Holton,
January 12, 1892.

By A. C. SLOAN, D.D.S., Topeka, Kas.

Mr. President and Gentlemen.—Cleft palate, whether congenital, accidental or the result of disease, has in the past been treated surgically or by a mechanical appliance known as an obturator. In the majority of cases, failure was the result; perfect speech being the main object sought for in the operation.

Recently, however, owing to the great advance made in the arts of surgery and dentistry, success has been more frequent. This result is also due to a more correct knowledge of the anatomy and construction of the parts operated on, and a more perfect understanding of the philosophy, laws and mechanical principles governing the production of articulate sounds.

Even to-day with the great advance made by surgeons, both in methods employed and the artistic skill attained in grafting and transplanting skin, mucous membrane and bone, the successful cases are few and the failures many, especially if performed after very early life. It is the opinion of the most advanced men of the medical profession that surgical operations for cleft palate should be performed not later than the fifth, and preferably in the first or second year.

There are several reasons why the operation of staphylorrhaphy or closure of cleft of the soft palate should not be performed after this age. It is a very painful operation, an exceedingly difficult one for the operator, while failure of closure is largely in the ma-

jority and it almost universally fails to improve speech, even when successfully closed. In cases of failure, the tensor palati having been severed, greatly lessens the chances, if not making impossible the attainment of a perfect articulation when an obturator is supplied. While this is the result of surgical operations, the mechanical treatment of these cases has risen to such a state of perfection that in nearly all cases it restores the voice.

That there is some reason for this is obvious, and we shall find it by studying the mechanism of speech, or so much of it as is essential to the proper construction of an obturator, and it will also show why, in cases where closure has been accomplished by surgical operations, speech has not been improved.

It is a well-known fact that in the production of certain sounds, the passage of air through the nose must be entirely cut off. To accomplish this, the soft palate is raised until it lies horizontally, the floor of the nasal cavity being continued to the posterior wall of the pharynx. This elevation of the soft palate is principally effected by the tensor palati, but aided somewhat by the levator palati; this, however, is not the only agent employed in the closure of the nasal cavity. The posterior wall of the pharynx comes in contact with the elevated soft palate by means of a projecting fold against which the soft palate rests. To fully understand the cause of this protuberance, we must remember that the pharynx is surrounded by three constrictor muscles, each of which may be compared to a loop with a fixed point of attachment. The first and inferior constrictor has its origin in the larynx; the middle one in the hyoid bone, and they both spread out backwards so as to entirely cover the sides and back of that portion of the pharynx, bordered by the larynx and the oral cavity. The superior constrictor arises from the posterior margin of the internal pterygoid plate; therefore, at the side of the posterior nares and also from the inner surface of the inferior maxillary under the last molar teeth; between these two points of origin a middle portion may be observed,

consisting of fibres which are a continuation of the buccinator. The superior constrictor differs considerably from the other two in not expanding as it passes backwards, but encloses the nasal portion of the pharynx as a band, scarcely .78 inch in width. Its action is therefore obvious, it drawing forward the protuberance of the posterior wall of the pharynx almost upon the same level as the base of the nasal cavity, and as some of its fibres run upwards, at the same time draws it downwards. It is evident that the raised portion of the soft palate, coming in contact with this protuberance, must close the nasal cavity with great precision.

Passavant proved the existence of this protuberance on the posterior wall of the pharynx by direct observation on a subject borne with so high a palate that the upper part of the pharynx was quite visible. He was even able to take its dimensions. He estimated it as raised from .19 to .23 inches above the pharyngeal wall, and from .35 to .47 inches in length.

The perfect closure of the nasal cavity by the soft palate in speech was first demonstrated by Czernak, by experiments made on himself. He caused milk to pass through the nose and onto the soft palate while uttering the vowel sounds, and noted that the closure was so perfect that none passed while making these sounds. He also bent a wire twice at right angles, and to one end attached a small ball of wax; this wire he passed through the nose, allowing the wax ball to rest upon the posterior surfaces of the soft palate, the other end hanging as an indicator before the mouth. The vowels were then uttered in the following order: a, e, o, u and i. The indicator rose for each, attaining its greatest elevation at i.

Passavant also showed the perfect closure of the nasal cavity in his experiment. A wire the thickness of a strong thread was bent at right angles, carefully introduced through the nose till one end could be seen through the open mouth hanging below the free margin of the soft palate, the other end projecting from the nose. Moving the latter, the end hanging down the pharynx could be seen to move slightly from side to side, but

when the vowel a was uttered, it was no longer possible to produce this motion. Thus it is shown that a wire no larger than a thread is held fast by the closure of the soft palate against the protuberance of the superior constrictor of the pharynx.

Now a nasal twang may be often observed, unaccompanied by so grave a defect as cleft palate, but it is always caused by insufficient closure of the nasal cavity, a portion of the air being allowed to escape through the nose. And it has also been observed that in individual cases the contact between the soft palate and the wall of the pharynx may be somewhat imperfect without being prejudicial to the formation of articulate sounds. It is both interesting and important that we should know to what extent contact may be broken without injuring the articulation.

For information on this point we are also indebted to experiments made by Passavant. His experiments to determine this point were made with rubber tubing 1.95 inches long, so placed behind the soft palate that when it was raised the tubes would be pressed against the posterior wall of the pharynx. For the better adjustment of the tubes, a thread was fastened at either end—one protruding from the nose, the other from the mouth. There were three sizes of tubing used, the largest having a sectional area of .045 of an inch. In these experiments the two smaller tubes made no difference in the articulation, but when the largest one was used the nasal twang became apparent. So that an opening with an area of only .045 of an inch between the mouth and nose will produce faulty articulation.

From the foregoing it will be readily seen why the operation of staphylorhaphy so often fails to improve the speech, which is the principal object to be gained.

The cutting of the tensor palati makes the soft palate pendulous, while the union of the two sides of the cleft produces a tense palate, a condition of things the reverse of what we find by a study of the organs of speech, to be essential for the formation of articulate sounds.

We will now briefly describe an obturator as made at the present day, and which

differs widely from the clumsy unscientific appliances of the past, many of them being positively injurious.

As now made, an obturator consists of a gold or hard rubber plate which covers the roof of the mouth, extending backward to the junction of the hard and soft palates. From this point an artificial velum is constructed of hard rubber, which resembles somewhat a chestnut in form. It is made hollow and so light that it will float on water. The surfaces of the velum are highly polished, which allows the mucous secretions to readily pass off, which is not the case with a soft rubber velum. Soft rubber should never be used for this purpose, as it rapidly goes through a process of decay and change of form.

The artificial velum extends backward and downward, restoring the symmetry of the palatal surface, bridging across and lying upon the muscles of each side. The distal surface of the velum is made quite broad and constructed to articulate perfectly with the pharyngeal wall. The superior constrictor muscle, in contracting, closes around it in a semi-circle. This velum is attached to the plate by a hinge so constructed with a stop that all downward pressure upon the muscles of the soft palate is prevented when in a relaxed condition.

With an obturator constructed in this manner, the artificial velum is easily acted upon and under perfect control of the surrounding muscles. In all sounds requiring the closure of the nasal passage the velum is thrown up by the levator muscles, there being no resistance. When a nasal sound follows a guttural, the descent is rendered certain by its own weight.

It will readily be understood how difficult it is for a person with congenital cleft to acquire a perfect articulation after a surgical operation or where an obturator has been supplied if we consider the want of education of the muscles of the velum palati. The patient will have to learn the art and methods of articulation by slow and by persistent effort. Therefore success in attaining correct speech depends largely upon the co-operation of the patient, even after the

most skillful surgical operation or when supplied with a scientifically-constructed and adjusted obturator.

There is another fact to which I should like to call your attention—an appliance that is not as frequently employed as you would expect, when you consider the great benefit to be derived from its use. A well fitting gold plate, passing over a perforation of the palate, is not negative in its results. An orifice, if allowed to remain open, will usually continue in size, but if covered with a plate it will rapidly diminish in size, the passage of air and fluids between the mouth and nose being stopped. The plate should be applied as soon as the dead bone comes away, and while the wound is in an active state of granulation. It is surprising how rapidly granulations stretch across the aperture, closing up the opening. This condition may be imitated somewhat in advanced and neglected cases by scarifying the edges of the opening and occasionally touching the parts with tincture of iodine, and immediately replacing the plate. I know of several cases where plates have been inserted to cover openings that after a time were abandoned, the openings having closed without any other treatment.

Just before leaving Topeka, Dr. Callahan kindly furnished me with the history of two cases which clearly illustrate this effect.

In 1871, J. B., aged thirty-two, presented himself with an opening in the hard palate, produced by absorption of the palate bones along the suture an eighth of an inch wide and three-fourths long. Teeth all perfect and in their proper position. Took impression with wax, and made a rubber plate, being careful to not allow the plate to press hard against or near the open space. Three months later I discovered healthy granulation on the edges of the opening. The patient then left the city for about a year, and upon returning, I found the opening entirely closed, new bone having formed, and the parts were perfectly united and healthy.

In 1876, Mr. P., aged about forty-seven, had right upper second molar extracted, and left the office without anything unusual. Three or four months later he returned with

the whole floor of the antrum gone. Opening as large as a nickle. It was with great difficulty that he could drink or talk. I filled the opening with soft wax and took an impression, and made rubber plate and covered the whole roof of the mouth, including the opening into the antrum. I saw nothing more of the patient for three years, and then found the place all healed with new formation of bone.

And now, Mr. President, when we are called upon to decide in a case of cleft palate—say at adult age—shall we perform a difficult operation, one that is extremely painful for the patient, and when the chances of failure are many, or shall we supply a scientifically-constructed instrument that works on physiological principles in harmony with the natural movements and under perfect control of the surrounding muscles? Can there be any question as to which way we should decide? I think not. The duty we owe our patients, and being ever faithful to our highest conception of what is right, while striving to render the greatest amount of benefit for our patients, which should be the aim of every professional man, would cause us to answer without hesitation: Get an obturator.

It is an old adage that God sends the food, and the devil sends the cook.

The *Post-Graduate* adds: "No end of people suffer from bad food and do not know it. They do not get nourished. The food is often more than sufficient in quantity, and is very deficient in quality, and appears to be cooked by persons absolutely without sense. Cooking schools ought to be multiplied, and those who suffer in pretentious places from cold food which ought to be hot, and tasteless beef which ought to be good, should speak out, so that the steward and the managers will remember that their customers are disgruntled, and never mean to come into the place again until things are changed."

Don't forget the change of date for meeting of the state society, and *everybody* come.

SOCIETY PROCEEDINGS.

Southeastern Kansas Medical Society.

The Southeastern Kansas Medical Society met at Parsons March 1, at 11:30 A.M. The meeting was called to order by the president, Dr. Williams, and in the absence of the secretary, Dr. Payne, of Galena, was chosen secretary *pro tem*.

There were present the following physicians: A. Tenbrook, Parsons; C. W. Riar-don, Earlton; M. L. Boas, Pittsburg; J. M. Kleiser, Parsons; Geo. W. Williams, Pittsburg; G. W. Maser, Parsons; J. W. Porter, Litchfield; J. E. Jewel, Moran; J. T. Tinder, Parsons; J. J. Kackley, Chetopa; L. B. Kackley, Chetopa; W. W. McEwen, Mound Valley; L. T. Strother, Mound Valley; C. H. Shriner, Galena; E. B. Payne, Galena; A. M. Fellows, Parsons; Dr. Aikman, Ft. Scott; Dr. Carver, Ft. Scott; C. S. New-lan, Altamont; G. F. Harvey, Parsons; W. J. Gillett, Parsons; E. E. Liggett, Oswego; — Draper, Oswego; J. E. Minney, S. E. Sheldon, W. S. Lindsay, W. E. McVey, Topeka; — Crowell, Kansas City, Mo.

Dr. J. E. Minney, of Topeka, reported a case of cataract, and exhibited a pathological specimen recently removed from an eye.

In reference to the case, the doctor said: "My attention was directed to the subject of cataract by Dr. Shriner, and having a case in your city, thought I would show it to you. The general practitioner sees these cases first, and usually ought to know something of the advisability of an operation. In a young man with cataract, we would not remove unless there was a prospect of disintegration. I usually tell them to wait until trouble begins in the other eye; then remove it. When the cataract is removed, they are compelled to wear cataract glasses, which are heavy, inconvenient, and interfere with the range of vision, if they are enabled to use the eye. If they are unable to see light, it is not advisable to operate.

"I saw this case two years ago, and found cataract. I advised him to wait for an operation. He only observed trouble with it in

April, two years ago. He first noticed a film which suddenly came over the eye while out in the woods. He had had no previous injury. The first impression we get is that of a sudden development, but I think this is not the case. One accustomed to binocular vision, losing the vision of one eye suddenly, is unable to project objects accurately as before. He had noticed the vision did not give accurate direction to the hands. When vision is cut off in one eye this condition occurs, and he had this trouble one year previous to the fact related above. If there were increased tension or tenderness on pressure, it might be advisable to operate in this case. The point I wish to make is, when there is good vision in one eye and the cataractous eye is quiet, don't operate, as a rule.

"The next case I wish to report is one of injury to the eyeball with the tine of a pitchfork forty years ago, and the eye was removed by Dr. Magee three weeks ago. He had been advised to have it removed. He had had no trouble till about three months ago, when he noticed a cloudiness of the good eye. There was marked injection of the eye, an irido-cyclitis, also a choroiditis. On pressure, pain was communicated to the other eye. Vision 6-200. The eye was removed, and in one week the vision improved to 20-200. The eye, as you will see, presents a well marked hardened or calcified ring.

"When the ciliary body is injured, there is always danger to the other eye. The general practitioner should know what are the danger regions in regard to sympathetic trouble, and should know when to advise enucleation."

In the discussion of the cases, Dr. Maser said: "In regard to cataract, a man's occupation and place of residence should have some weight in deciding whether to operate. In men whose occupation requires accurate location of objects, it would be best to operate and restore binocular vision. Or in a crowded city where the defect might lead to injury in crowded streets we should operate. In such occupation as the case shown, I do not consider it advisable."

Dr. Jewell.—"I would like to ask if we can have much probability, in extracting cataract where one eye is good, of fitting the eye so accurately as to get perfect binocular vision. I believe vision of one sound eye better than a poor binocular vision.

"I think Dr. Minney's position correct, and so long as one eye is good it is best to let it alone. My own advise is to let it alone as long as they can see to get along with the well eye. In regard to enucleation, I should like to report a case:

"The patient, a blacksmith, several years ago was wounded by a gun-cap which entered and injured the iris, setting up iritis and leaving synechia, which has narrowed the pupil. He was later injured in a railroad accident, and sympathetic trouble began. I advised enucleation of the other eye, but to this he would not agree. Later, the injured eye was accidentally punctured on the horn of a bull. He stopped his work at his trade and the tenderness finally disappeared, but he would never consent to have it removed. He is still able to get around."

Dr. Maser.—"I think the doctor's advice was good. There is still danger of sympathetic ophthalmia. We frequently find cases where patients fail to follow advice of doctor and suffer consequences."

Dr. Boas.—"I don't know just what is meant by sympathetic ophthalmia, whether it is a transmission direct or by a decussation of nerve fibres. I do not think we can much longer perpetuate the words reflex and sympathetic."

Dr. Minney.—"In the majority of cases we fail to get perfect vision, and the patient must get accustomed to focussing the eye with the glass. I think monocular vision is established as quickly and as well as the binocular with the assistance of a lens. The thickness of the lens used and the shadows thrown upon it counterbalance some of the good results of the binocular vision, and the patients are at times deceived. The operation may be a failure. Panophthalmitis may result, and you may have to remove the eye. The term sympathetic ophthalmia is a matter of dispute. We know there are

nerve fibres common to both eyes. It may be possible that a germ transmits it through the lymph channels from one eye to the other."

Dr. Lindsay.—"It is very apparent that when one eye is destroyed there is greater effort for the other eye. The greater the damage to the one eye, the greater the congestion and slower the circulation in the other eye, and consequently the more susceptible to germs. It is not necessary that they pass through the lymph channels; they are present in all tissue, and a disturbance in the circulation and nutrition renders the tissue more susceptible."

Dr. Liggett.—"I would ask Dr. Lindsay how, then, the removal of the injured eye will restore the other one. Removing the eye would not diminish the effort or congestion of the other side."

Dr. Lindsay.—"It has an increased congestion but not the nervous irritation of the injured eye."

Dr. Sheldon.—"I think we have a good deal to learn yet about this sympathetic nerve influence. I am not yet ready to abandon this term. We ought to distinguish between reflex and sympathetic nerve influence. It is not necessary that you have a germ to produce sympathetic disturbance in the other eye. The manner by which toxic elements are transmitted is indefinite, but we know it is so. When you enucleate the eye, you destroy the peripheral irritation, the nerves heal and leave very little irritation. The point gained is in removing the irritation of the smaller peripheral nerves. We see examples of reflex nervous irritation in the various uterine and ovarian troubles, and in tetanus. It is the only way we have of accounting for many of the nervous conditions of pregnancy."

Dr. Minney.—"If you get a foreign body in one eye, irritation is soon shown in the other by lachrymation and sensitiveness to light."

Dr. Strother.—"Apropos of reflex irritation: I had a case of inability to sleep, insomnia. There was pain in the back of the head and over the spine, and deficient motion in one limb. Over the trochanter there

was a white depressed spot, at the bottom of which there was a small neuroma. You could pull this out without pain, but when pressed against the trochanter excruciating pain was produced in the head. The neuroma was excised, and all pain and other symptoms were relieved."

Dr. Lindsay.—"I don't want you to think I don't believe in reflex nervous irritation, but I simply wished to show that it was not necessary for the germs to travel around the lymph channels to produce this condition."

Dr. Jewel.—"In the case just reported we do not learn of any inflammation at the termination of these nerves, as we do in sympathetic ophthalmia. We all believe in microbes, but can we go so far as to say we cannot have inflammation without the presence of these germs at this point?"

Dr. Cackley.—"The nerve arrangement of the eye is one not found in any other part of the body. There are divisions of the nerve filaments, some going to one and some to the other eye. In regard to enucleating an injured eye to save the other from sympathetic ophthalmia, I think we must educate the people up to it."

The doctor reported a case of injury where he had advised enucleation on account of the probability of sympathetic trouble, but was not allowed to so treat it.

Dr. Crowell, of Kansas City, read a report of some cases operated upon by him. In his introductory he spoke of the importance of a general recognition of a specialty in gynecological work, and said: "First in importance in the treatment of pelvic diseases is the diagnosis. We usually find in those cases where it is most frequently necessary to operate, a history of recurring peritonitis, hemorrhage and pain. Removal of the pelvic organs can only be recommended when there are absolute evidences of such organic disease as may produce suffering and prevent the performance of regular duties."

Dr. Sheldon.—"I think we find cases where we operate to relieve pain only. Of course, the pain is the result of organic pelvic disease. In this class of cases where the pain is so severe and destroys the happiness and usefulness of a patient, we should oper-

ate to relieve it. We frequently find cases where a differential diagnosis is difficult to make, and we may open the abdominal cavity as a means of diagnosis. In all cases of tubercular disease before doing a capital operation like this, we ought carefully to examine the lungs and kidneys. We are not careful enough in our examinations. We may have albuminuria, diabetes or tuberculosis which will make a cause for our failure. In one case where the doctor had suppuration, he ascribed it to the lowered vitality of the patient. I take it that you will not get suppuration unless the wound is infected by a pus microbe. Some authors claim a chemical pus, but a close examination will show it to be a result of infection by pus germs. In all these operations, absolute cleanliness is the guaranty that we will have healing without suppuration."

Dr. Porter.—"Dr. Sheldon seems to ignore the possibility of auto-infection or the presence of germs in the blood."

Dr. Shriner.—"I would like to ask Dr. Crowell in reference to the methods of dressing, and aseptic methods."

Dr. Sheldon.—"In reply to Dr. Porter: I do not ignore the presence of germs in the blood, but usually they are not strong enough to produce suppurative changes. I do not think pyogenic germs are carried by the leucocytes. In pyæmia we have pus germs carried from a definite infected point. My opinion is, the phagocytes destroy the pus microbes before they do any damage."

Dr. Draper.—"We should be thoroughly apprised of the condition of a patient, but I do not think the presence of these other chronic troubles should prevent an operation, though we should inform our patient of the increased gravity of the case."

Dr. Jewell reported a case of ovarian tumor in a patient where there was direct mitral heart lesion, also albuminuria. He advised her against operation, and she lived one and one-half years. On post mortem a large multilocular cyst was found, and one kidney was simply a pus sac.

The doctor said: "I think I did right in advising her as I did."

Dr. Crowell.—"In regard to aseptic meth-

ods: All the instruments are sterilized by boiling in the solution of soda. The patient for several days prior to the operation is given laxatives.

"The case complicated with tuberculosis was carefully examined, but we were not able to say if the congestion or consolidation were not due to the pressure. I think I did right to operate. The patients are scrubbed and washed, then washed with ether, then with bichloride, and then with water. I believe with Dr. Sheldon that when we get pus there must be an infection somewhere, and it is, I think, often in the catgut. It seems impossible in spite of asepsis to always prevent infection by stitches. In closing the wound, I close the peritoneum with gut, then silk-worm gut for the fascia and muscle and skin, making three layers. I then dust with bismuth subiodide and cover with bichloride gauze and cotton. I have not been well pleased with this, and now usually seal up the wound with iodoform and collodion. We do not operate for pain. If the pain is caused by adhesions, we operate to break up these. If we find the ovary normal after breaking up the adhesions, we would not remove them."

Dr. Draper.—"I would differ from Dr. Crowell in reference to the use of opiates." Reported an operation which was followed by terrible pain after recovering from the anæsthetic. Hot water was used, but the surgeon would not recommend or use opium. After twenty-four hours of severe suffering two good doses of morphia were given, and the results were good.

Dr. Harvey thought recurring pelvic inflammation with abscess was an indication for operation.

Dr. Williams.—After corroborating the remarks of both Drs. Crowell and Minney, reported some cases in the same line of work. "In one case we lacked one suture, and in the lower angle of the wound we used a suture not carefully prepared, and here we had suppuration. Another case of obstruction of the bowel in a large man, and on a warm day, I became very warm, and on closing the wound a few drops of sweat

dropped from my face into the wound. I did not get a single point of union."

Dr. Payne read a paper on surgical emergencies and their treatment. He gave the details to be observed by the surgeon from the time of injury till the wound is dressed, with all the minutiae of antiseptic and aseptic treatment. The doctor relied upon hypodermic injections of morphia with atropia in cases of shock. He also reported several cases of injury, and gave the manner of dressing and results secured in each case.

In the discussion of this paper Dr. Tinder said: "In this paper we hear many points of aseptic surgery not brought out in the other. It is often difficult to secure thorough asepsis in general work. In a case of injury to the abdomen, with protrusion of the intestines through the laceration, the man lay in an orchard on some leaves for several hours. When we found him, we found no conveniences whatever. We took him to an old house where we had no light but what we could get from an old oil lamp. By careful cleansing with hot water, picking off the pieces of leaves and dirt, we were able to return the intestines in tolerable condition. The patient recovered."

Dr. Draper.—"I remember a case which occurred over forty years ago. A man fell over a circular saw, and the surgeon washed off the intestines, sewed him up, and the man recovered. I am glad Dr. Payne spoke of the patient with shock who would not take whisky. I don't think it is essential in these cases of shock. Dr. John Hodgen did not use it, and declared it unnecessary. It is, I think, more harmful than good."

Dr. McEwen.—"I would like to ask Dr. Payne if he attributes the gangrene in the case reported to infection of the wound or to bruising of the tissue."

Dr. Payne.—"I considered that the gangrene was due to the injury to the blood vessels in the limb and not to the infection. I do not put much stress upon the use of whisky for shock. I prefer the hypodermic use of morphia and atropia."

Dr. Sheldon.—"I want to disagree with the doctor about the cause of the gangrene. It does not come that way. You will not

get gangrene except as the result of a germ infection."

On account of the lateness of the hour the next two papers were presented without discussion.

A paper by Dr. Carver, of Ft. Scott, on the differential diagnosis of pneumonia and pleurisy.

A paper on aseptic surgery by Dr. Aikman, of Ft. Scott.

Report of a case by Dr. Draper.

Adjourned to meet in Ft. Scott on the fourth of May, 1892.

The Missouri Valley Medical Society.

The medical society of the Missouri Valley met in Leavenworth, March 17 and 18.

At the evening session on Thursday evening the following program was presented:

1. Microcephalus, report of a case, by Dr. J. F. Binney, Kansas City.
2. Ectopic Pregnancy, report of a case, by Dr. P. D. St. John, Wichita.
3. Tired Ovaries, by Dr. J. M. Richmond, St. Joseph.
4. Oophorectomy, case and results, by Dr. J. H. Van Eman, Kansas City.
5. Modern Therapeutics, by Dr. O. B. Campbell, St. Joseph.

The papers were fully discussed, and this part of the meeting was generally considered the most interesting and had a much larger attendance than that of the day following. There was a misunderstanding among some of the members as to the day of meeting, and a number who went on Thursday were unable to remain over for the next day. After the evening session the visiting physicians were royally entertained at the National hotel.

After the feast of good things came the evidences of physical, social and intellectual satisfaction in well selected responses to the toasts offered by one of our most cordial and happy entertainers, Dr. W. R. Van Tuyl.

The society convened again on Friday morning at ten o'clock with twenty-four

members in attendance, and papers were presented as follows:

1. A new Micro-Parasite, by Dr. M. F. Weyman, St. Joseph.
2. Report of a few Cases of Rectal Surgery, by Dr. S. G. Gant, Kansas City.
3. General Paralysis, report of two cases, by Dr. F. S. Thomas, Council Bluffs.
4. Metrorrhagia Occurring about the Menopause, by Dr. T. J. Beattie, Kansas City.

Only four out of the eighteen who had promised papers for this session were present, and in consequence the society adjourned shortly after noon.

It is an unpleasant fact that physicians do not more carefully consider the probability of their being able to attend when they promise papers for these meetings, and having promised, that they do not make a greater effort to be present.

Great credit is due the physicians of Leavenworth who had the matter in charge for the excellent program they had arranged, and the magnificent manner in which they received and entertained their guests. To their generous hospitality and cordiality we can testify from former experience.

If there is any blame for the meeting not being a greater success, it should be attached to those members of the society who failed to be present either from lack of patriotism and interest in the development of the science of medicine or on account of the personal prejudices and jealous bickerings of a too sensitive organism.

Another matter, more serious to the young practitioner, has been brought to our notice, and that is the habit of some of the older doctors in underbidding in order to obtain business. These fellows are always hard up, and at low prices charge even more than they are worth. It is pretty small business anyway.—*Medical Visitor*.

Is this disregard for honorable adherence to a regularly-adopted "fee bill" peculiar to homoeopathy?

INSANITY is on the increase, so says the *Weekly Medical Review*.

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TOPEKA, KANSAS. APRIL, 1892.

Is a Physician Compelled to Answer a Call.

At Crawfordsville, Indiana, Drs. Ensinger and Keegan have been sued for "gross negligence." According to the newspaper account they were successively called on the night of January 27 to attend a man said to be suffering with the ear ache. Each physician said he could not go then, but would attend in the morning. The patient died during the night.

A physician may be morally bound to give relief to the suffering when practicable, but he is not bound to accept new cases when doing so would cause him to neglect those already under his care. If the practice of medicine is his business, interest as well as duty impels him to visit the sick on all convenient occasions, and he often does so without hope of fee or reward. Every physician has attended non-paying patients until it became monotonous, and every physician has found a time when with certain irre-

claimable "dead beats" forbearance ceased to be a virtue.

Is there any law in Indiana or elsewhere that will compel a physician to give his services without pay, or that will find him guilty of criminal negligence where he has not taken charge of a case?

If a patient or his friends think he needs treatment before it is convenient for the physician called to attend him, they certainly are at liberty to call others, and failing to do so, the criminal negligence would seem to rest on other shoulders than those of the physician who couldn't or didn't accept the case.

A physician who declines to relieve sickness or suffering, when in a condition to do so, may be guilty of grave professional and moral delinquency, and will be justly condemned by a correct public sentiment, but he cannot be subjected to legal penalty.

"WE have drifted away from the narration of miraculous cures with the highest attenuations, which were not cures at all, but a spontaneous finale of self-limited disease. We have drifted from the days when our practitioners would sit by the bedside of a woman dying of uterine hemorrhage, hunting in a repertory for the 'indicated remedy' while the vital fluid was ebbing away, without recourse to the tampon or ergot.

"We have drifted to the region of rational homœopathy."—*New Remedies*.

"Does this editor call writing prescriptions for three or four drugs mixed in one dose rational homœopathy? During the past month we have fished out a number of such prescriptions from the allopathic drug stores, written by one of the editors of *The New Remedies*. Better let a man smell of the two hundredth potency than practice such mongrelism as this. Why not let a homœopath and not an eclectic criticize homœopathy."—*Medical Visitor*.

We commend the wisdom of the *Visitor*. Do not handle edged tools. Uncomplicated disease tends to a favorable solution. Both these schools had better stick to the higher dynamizations.

IN the *International Journal of Surgery* for February is an article by Dr. Morris, of New York, upon skin grafting. He says:

"The discovery by Reverdin that bits of tissue might be entirely obliterated and successfully grafted dates back a little over twenty years ago. In 1858, I was called to see a child of Isaac Dial, living near Franklin, Ohio, whose clothes, taking fire, burned the limbs and abdomen very extensively and so deeply that large sloughs occurred. When the wounds had nearly healed, the family started west. In crossing the Mississippi, the father fell overboard and was drowned. A year later the family found its way back to their old home, and I was again called to treat the child. The cicatrix on the right thigh had broken down, and its whole front and outer side was a granulating surface. With small bits of cuticle taken from other members of the family, each containing a small number of epithelial cells, repeatedly engrafted upon the granulating surface, I soon had growing islands of skin, which, coalescing, finally covered the whole surface.

"This was more than thirty years ago, and I do not pretend to have discovered the method, though it had not long been practiced at that time.

"In a case some ten years ago, a boy slipped between moving cars, and had the skin and cellular tissue, excepting a narrow strip on the inner side, torn from the arm from the insertion of the Deltoid to the middle of the fore arm, and from the back, from over the inner margin of either scapulæ for six inches, with fracture of right scapula. Through repeated cuticular grafting, commenced soon after the injury, the skin was replaced over the whole denuded surfaces. On one occasion, I persuaded a black child to permit me to take a few grafts from its arm, but before the boy would permit the transfer the colored child was gone, and I was denied the privilege of seeing the black pigment cells proliferate."

WHY does not America want the foreign dudge?

She sings her Yankee Dood 'le do.

TOPEKA, KAS., March 7, 1892.

EDITOR KANSAS MEDICAL JOURNAL:

In the March number of the JOURNAL you kindly publish a letter written by Dr. Geo. Emerson, dated October, 1891, in which he quotes me as saying, in a paper published in September, 1891, "that Dr. McClintock did the first operation in this state of removing the uterine appendages, in January, 1890, and Dr. Ward the second, in February, 1890." What I did say is, "If I am correctly informed, I did the second operation of this kind, done within the state, in February, 1890. Dr. McClintock did the first the preceding January." I should have connected these two sentences with the word "and," as the "correctly informed" is intended to refer to Dr. McClintock's case as well as my own.

I am pleased to know that Dr. Emerson did this operation at an earlier date, but not being a constant reader of the *Index*, I had no data to quote from.

I sincerely hope Dr. Emerson will continue to perform these operations, and that the members of the profession in Kansas will be furnished the reports.

Very truly,

DR. M. B. WARD.

THE committee appointed at the last meeting of the American Medical Association to consider the best means for promoting the prosperity of the sessions of the association will hold an adjournment meeting in the Hotel Cadillæ, Detroit, Mich., June 6, at 3 P.M.

Members of the committee are requested to notify the chairman of their intention to be present at this meeting.

The committee would esteem it a favor if each member of the association would communicate in writing his or her views concerning the best measures for promoting the development of the sections. Such communications may be sent to the chairman of the committee.

JOHN S. MARSHALL, M.D., *Chairman*,
9 Jackson Street, Chicago.

Prescribing Opticians.

OPHTHALMOLOGISTS in this country will be ready to congratulate, while yet they envy, their brethren in France, in view of a recent decision of a court in Havre. The judge ruled that an optician who gives a patient advice as to the condition of his eyes and prescribes glasses to remedy defective vision is guilty of the illegal practice of medicine, just as if he had ordered remedies or given medical advice without possessing a diploma recognized by the law.—*Medical Record*.

A SUIT against the New York Hospital for damages sustained by a boy patient who was alleged to have suffered amputation of the thigh as a result of mortification of the leg from tight bandaging for fracture, has been non-suited upon the ruling that no action for malpractice can hold against a charitable institution which uses every care in the selection of competent surgeons to treat its patients.—*Medical Record*.

THE Pasteur Institute established by Paul Gibier in New York city has closed its doors for want of funds. The doctor, according to the secular press, censures western physicians for failing to furnish promised finance. In our judgment, he paid out too much for advertising in the newspapers, and an ordinary gullible public refused to be gulled.

Kansas Medical Society (State.)

In order to accommodate the pension examiners, the officers of the society have postponed the meeting one day. The first session will be held on Wednesday evening at 8 P.M., May 4, instead of on Tuesday, the regular time of meeting.

We think this is thoughtful on the part of the president and secretary, and the members of the examining boards will appreciate the courtesy and come in full force.

PALMA CHRISTI.—In an editorial notice in the last number of the JOURNAL we notice Dr. Adamson's commendation of ol. ricini as a galactagogue. We did not mean to intimate that the doctor had made a discovery. For many years it has been known that it not only increased the milk in nursing women, but that by persistently poulticing the mamma and vulva of virgins with the leaves of the palma christi, wet nurses could be made to order without awaiting the slower processes of nature. We believe, however, this plan has not been largely practiced; perhaps because most of the profession are loth to adopt new methods when the old one is satisfactory.

DR. JULIAN J. CHISHOLM, surgeon-in-chief of the Presbyterian Eye, Ear and Throat Charity Hospital of Baltimore, in his fourteenth annual report for 1891, which is an admirable one, says:

"Although chloroform is the general anæsthetic administered at this hospital for all tedious, painful operations, the bromide of ethyl has been in constant use since 1881 for all painful operations of short duration. A drachm of this liquid in an air-tight cone held over the nose and mouth of a patient will ensure complete anæsthesia in less than one minute; and no one can resist its narcotic influence. It has been administered at the hospital thousands of times in the past ten years, and always with satisfaction. It is a powerful remedy, to be used with caution. With the watchful care that is practiced in its administration, it has been found always efficient and always safe. My assistants have become familiar with the mode of administration. I use a thick towel, folded in cone form, with paper between one of the layers of towel to keep the air out and shut in the anæsthetic. When the towel is securely pinned, the hollow of the cone makes a sufficiently commodious air chamber. The base of the cone, a soft towel, can adapt itself as an air-tight joint upon the face, and must be so kept firmly in contact with the skin. It is necessary to make the atmosphere breathed a saturated

ethylyzed air; then anæsthesia comes after a very few inhalations. If air be admitted freely from without, no narcotism takes place.

ST. LOUIS, MO., March 7, 1892.

W. S. LINDSAY, ESQ., *Secretary Kansas Medical Society*, Topeka, Kansas.

DEAR SIR: Reduced rates having been granted on account of the annual meeting Kansas Medical Society, to be held at Fort Scott, Kansas, May 3 to 7, inclusive, (under the usual condition that there are in attendance at least 100 by rail from outside points,) I beg to inclose herewith several sample certificates, which I would thank you to sign and return to this office at your earliest convenience.

Upon receipt of same, we will instruct our agents at Fort Scott, Kansas, and Kansas City, Mo., to return delegates to all points on the lines of this system in the state of Kansas, and to Kansas City and St. Joseph, Mo., at one-third regular fare upon presentation of certificates properly filled out and signed by yourself.

Under this arrangement, delegates will purchase one-way tickets to either of the above points, paying full fare for same and obtaining of agent at time of purchase certificate receipt for fare paid. This receipt, when properly countersigned by yourself and presented to the agent at the point at which our line was left on the going trip, will be honored by him for ticket returning to starting point at one-third regular fare.

Please impress upon delegates the absolute necessity for their obtaining these certificate receipts, as we will be unable to refund full fare paid returning through any misunderstanding on their part in this respect.

In order that they may be honored, certificates should be presented on the return trip on or before May 10. If it is found that the meeting will continue beyond this date, advise us promptly in order that we may extend the limit of certificates.

Yours truly,

H. C. TOWNSEND,

Gen. Pass. and Ticket Agent Mo. Pac Rly.

The Pan-American Medical Congress.

The committee on permanent organization met at St. Louis, October 14, 15 and 16, 1891, and adopted a series of general regulations for the permanent organization of the Pan-American Medical Congress, and a series of special regulations for the government of the first meeting, and recommended that the incorporators adopt both series of regulations as the organic law of the congress.

Pursuant to such regulations, the following general officers were elected, viz.:

William Pepper, M.D., LL.D., Philadelphia, Pa., president.

Abraham M. Owen, A.M., M.D., Evansville, Indiana, treasurer.

Charles A. L. Reed, M.D., Cincinnati, Ohio, secretary general.

International Executive Committee: Argentine, Dr. Petro Lagleyze; Bolivia, Emilio de Tomassi; Brazil, Dr. Carlos Costa; British North America, Dr. James F. W. Ross; British West Indies, Dr. James A. DeWolf; Chili, Dr. Moises Amaral; Colombia, P. M. Ibanez; Costa Rica, Dr. D. Nunez; Ecuador, Dr. Ricardo Cucalon; Guatemala, Dr. Jose Monteris; Haiti, Dr. D. Lamothe; Hawaii, ———; Spanish Honduras, Dr. George Bernhardt; Mexico, Dr. Thomas Noriega; Nicaragua, Dr. Juan I. Urtecho; Paraguay, ———; Peru, Dr. Jose Cassamira Ulloa; Salvador, Dr. David J. Guzman; Santa Domingo, ———; Spanish West Indies, Dr. Juan Santoz Fernandez; United States, Dr. A. Vander Veer; Uruguay, Dr. Jacinto De Leon; Venezuela, Dr. Elias Roderiguez; Danish, Dutch and French West Indies —

The auxiliary committee nominated by the various members of the committee on permanent organization each for his own state, and already commissioned by the chairman, was confirmed.

The election of officers of sections was begun, but time would not permit of the completion of the list, which was referred to a special committee with power to act. It has been deemed inexpedient to publish the list until it is completed, which can hardly

be accomplished before the meeting of the committee on permanent organization at Detroit in June; but the organization of particular sections will be announced through the medical press as rapidly as officers are elected by the special committee.

In accordance with the wish of the committee on permanent organization, as expressed in special regulation No. 4, Drs. I. N. Love, A. B. Richardson, L. S. McMurtry, R. B. Hall, T. V. Fitzpatrick and Charles A. L. Reed met in Cincinnati and signed the legal form of application for articles of incorporation of the Pan-American Medical Congress, which articles of incorporation were duly issued by the secretary of the state of Ohio, under date of March 15, A.D., 1892.

At a meeting of the incorporators held March 16, 1892, a number of regulations, general and special, recommended by the committee on permanent organization were formally adopted as the organic law of the Pan-American Medical Congress in accordance with the laws of Ohio, and all elections had by the committee on permanent organization in accordance with such regulations were confirmed and made a part of the laws of the congress.

Pursuant to the laws of Ohio and the regulations adopted, and in accordance with nominations by the committee on permanent organization, the incorporators elected fifteen trustees, as follows:

Dr. W. T. Briggs, Tenn.; Dr. George F. Shrady, N. Y.; Dr. P. O. Hooper, Ark.; Dr. S. S. Adams, D. C.; Dr. H. O. Marcy, Mass.; Dr. J. F. Kennedy, Iowa; Dr. H. D. Holton, Vermont; Dr. L. S. McMurtry, Ky.; Dr. N. S. Cooper, Ill.; Dr. Levi Cooper Lane, Cal.; Dr. I. N. Love, Mo.; Dr. Hunter McGuire, Va.; Dr. J. C. Culbertson, Ill.; Dr. A. Walter Suiter, N. Y.; Dr. C. H. Mastin, Ala.

Drs. L. S. McMurtry, Ky., I. N. Love, Mo., and W. W. Potter, N. Y., were designated to act as members of the executive committee.

The organization of the congress is complete in British North America, the British West Indies, the Spanish West Indies, Guatemala, Nicaragua, United States of Colombia, Brazil, Uruguay, Venezuela, and the

Argentina. It is confidently expected that the nominations from the remaining countries will be in by June.

It is expected to announce the completed organization of the congress, its sections and auxiliary committees, domestic and foreign, by July 1, 1892.

On behalf of the committee on permanent organization.

CHARLES A. L. REED, *Chairman*.

J. W. CARHART, *Secretary*.

Kansas Medical College Commencement.

This college held its first commencement the evening of March 23, 1892, in the First Congregational Church, Topeka.

Dr. S. E. Sheldon was master of ceremonies. He gave a short history of the college, as follows:

"The school was organized July 3, 1889. A class was conducted in dissection during that fall and winter. A preliminary course of lectures were given by the faculty to the faculty in the spring of 1890.

"Lectures proper began Sept. 23, 1891, and closed March 25, 1892. No graduates matriculated. The second session began Sept. 15, 1891, and closed March 23, 1892. Thirty-three students matriculated; six ladies; two graduates: Dr. Jacob L. Owen, of Rock Creek, and Dr. John L. Gilbert, of Topeka.

"We feel assured for the future success of the school, first, because of the support given it, the increase in attendance being almost fifty per cent. Second, by the number of graduates it shows, the school is not designed as a diploma mill; or, if you choose to call it a diploma mill, it grinds very fine. Third, the encouragement the school is receiving from the physicians of the state and from the citizens of Topeka and elsewhere, as indicated by this large and appreciative audience.

"By fall the school expects to be housed in a building put up for the specific purpose of a medical school."

Ex-chancellor J. A. Lippincott, now pastor of the First M. E. Church of this city, in-

voked the divine blessing on all in a solemn, impressive manner. Knowing the man as we do, it done us all good. There is something in the instrument.

Judge John Martin, president of the board of trustees, addressed the audience. He inspired us all with new energy by his words of cheer and encouragement and perfect confidence expressed in the work which had been done, and in the success of the school.

Dr. M. B. Mitchell followed with an address to the class, which covered the whole field, doing himself and the school credit.

Dr. J. E. Minney conferred the degrees. He said:

"*Gentlemen of the Class*.—The important events of our lives are never forgotten. They serve as guide posts, reminding us of the journey.

"To a number of us this occasion marks an era in time to which we will often refer. It was before or after my graduation, or the first commencement of the Kansas Medical College.

"Such occasions are common, but not to us; and in the history of our beautiful city this is the first commencement of its kind held, and you will be the first graduates.

"It is due to you that we are enabled to hold these exercises. You have studied medicine four long years. You could have graduated elsewhere in two years. You appreciated the responsibility of a physician and the qualification of a practitioner of medicine and prepared yourselves accordingly.

"You have complied with the requirements of the school. You have demonstrated your ability by performing, under the direct supervision of your teachers, one of the most difficult surgical operations on the living human body successfully.

"You are entitled to, and on behalf of the trustees, faculty and officers of the Kansas Medical College, and by virtue of the power invested in them by the state of Kansas, I do now confer upon you, Jacob L. Owen, and upon you, John L. Gilbert, the degree of doctor of medicine.

"I now present to each of you a diploma.

It has inscribed in the body of the instrument your name, and attached are the signatures of the president and secretary of the board of trustees, and each member of the faculty.

"This instrument contains a statement of the studies you have completed, and your ability to practice medicine and surgery. It also expresses confidence in your honesty and integrity as professional gentlemen. By this act you are placed on an equal footing with any member in the medical profession. Your possibilities are only bounded by your mental and moral capabilities. Increased privileges bring increased responsibilities. Your life work now begins, and the personal equation confronts you.

"It is said that the physician is born and not made. The Infinite has a place for everyone, but some have not chosen wisely. We believe you are fitted for the work before you by nature and by your own efforts, and have found your place.

"Your schoolmaster from now on is the world. You will have to do with the mind and body of your fellow man. I say mind, for the proper treatment of it will determine largely your success.

"We see that the life of a tree culminates in its fruit. You are the first fruit of the Kansas Medical College. We are proud of the fruit, and hope you may ever have cause to be proud of the tree. Be studious. 'To know more is to be more.' And in this connection it is appropriate to say that in no business or profession of the community is good character of higher value than to the physician.

"The ancients required of their medical pupils an oath which had been formulated by Hippocrates, and some schools of the present day administer it in a modified form to their graduates. The substance of the oath is to never violate the trust imposed in the physician by the patient. We demand no oath of you. You know your duty in that respect, and you will do it.

"For you we have pledged our names and honor, with the firm belief that you will never betray the sacred trust imposed in you.

An oath does not make a man good and true, and of a true man no oath is required.

"We feel loth to give you up, and yet it is for the better that we should. There are those who are beckoning for you to come. You are needed at the bedside of the sick and the suffering. We bid you God speed, and enjoin upon you to ever imitate the life and character of the great Physician. Farewell."

The doctor then welcomed them into the medical profession, by extending to them the right hand of fellowship, addressing them as doctors. He also introduced them to the master of ceremonies, the president and secretary of the board of trustees, the trustees, faculty and audience.

Professor Slie furnished the music for the occasion. He is an adept in his profession.

The audience adjourned, and the trustees, faculty and students, with their ladies, and a few invited guests, repaired to the banquet furnished by the college. After the supper the following toasts were given and responded to, viz.:

"Our College," by Dr. D. F. Rodgers. He gave the funny history of the school, and Drs. Ward and McClintock credit for the pioneer work done, the fishing excursions they took, the bait used in the main being a minnie (Minnie).

"Our Profession" was responded to by Dr. G. O. Morgridge. He compared the profession with others, and concluded it was different. For example, lawyers, he said, would bandy words with each other all day in the court room, call each other liars, etc., and walk off arm in arm from the controversy. When doctors called each other liars, he said blood flowed.

"Ladies of the Class" was responded to by one of the students, Miss Harriet Adams. Her remarks were short, crisp, pointed, timely and heartily received.

Dr. John L. Gilbert, one of the graduates, responded to the toast, "Experiences of a Medical Student." He told the whole story, withholding nothing. (He is now getting experience as a physician; struck a mastoid case the second day after he graduated.)

"Characteristics of Medical Students,"

was uniquely discussed by Dr. Donaldson. He said one day when he required the class to write prescriptions for a hypothetical case, a student 50 years of age (and whose father had been a physician now long since dead) came to him after the quiz and said: "Professor, was my prescription right?" "Yes, sir," said the doctor, "there's nothing better or newer." "I thought so," said the elderly student, brightening, "my father used that prescription fifty years ago."

Ex-Governor George T. Anthony spoke of "The Doctor of Forty Years Ago and of To-day." The governor's respect for the old time doctor was great, and the confidence of the people, he said, in the physician of old was unlimited. He complimented the doctor of to-day, and the Kansas Medical College in particular. The governor is a brainy, broad-gauged man of the old school. He is a friend to home institutions, and has confidence in the medical profession.

The master of ceremonies, Dr. Sheldon, then adjourned the meeting for one year. The commencement, the banquet and the school were each a pronounced success.

Maternal Impressions.

In Dr. Schneck's report of a "tera tologue" he says: "Two and a half months after the last menstruation she saw the dead and partially naked body of a woman who had been burned so severely that she died in a few hours. The arms and body were the principal parts that were burned and exposed. She was so horrified at the sight that she did not sleep for over twenty-four hours. The part that maternal impressions held in the condition of this deformity I will leave for the reader to speculate on."

Strange that it should be thought that any ground for speculation existed. But this is a fairly typical case of what has been called maternal impressions. Two and a half months after conception the mother saw a naked body with its arms and body badly burned, and she proceeded to develop a child that was all body, without arms or

legs. A conception may be "clay in the hands of the potter," but the mother who attempts to develop it in accordance with a given idea in her mind, whether produced by fright, desire, or something else, is always as poor an artist as the child with its picture, who is compelled to explain, "This is a horse, this is a dog."

In the days when old women were convicted of witch-craft, and burned by learned men, physicians may have been excusable for believing in "maternal impressions," but now that we know that every embryonic cell is a new and individual life, and that all its nourishment, whether received from the blood of the mother, or as development proceeds, from her breast and hand, is appropriated in accordance with the laws of that life, with our knowledge of physiology, etiology and pathology. The belief that the mother can impress its food with an idea that will, after it enters the body of the child, cause it to develop in harmony with that idea, is too irrational for speculation.

If a maternal impression can produce such results it must be in harmony with a developmental law, and every such law under like conditions must produce like results. What mother passes through nine months of pregnancy without some pronounced impression? If in one instance they cause development in harmony with the impression they must in all; if in all mankind would long ago have been changed into the similitude of every manner of beast and bird and creeping thing. If the mother can paint spots of blood or red pigment on her babe she may paint its entire body, and no man could be sure of the color of his offspring. Marks and deformities must be accounted for on a more rational basis. "Each after his kind" is a premordeal law. —SCHENCK.

M. GUNDEY claims that antipyrine is a good remedy for the incontinence of urine in children. From five to fifteen grains should be given.

GARFIELD, it is said, had fatty kidneys and liver.

The Physician's Friend—

MRS. JANE C. STORMONT.

We were pleased to see in the audience and at the banquet of the Kansas Medical College the other evening Mrs. Stormont. She was the wife of a physician, the late Dr. Stormont. She endured the privations of the young practitioner. They needed books and furniture. She deprived herself of the latter to get the former, using a dry goods box for a table, and limiting her expense to the least possible outlay that her husband might have a few books and instruments and medicine to continue in practice.

By dint of economy and persistent labor financial success crowned their efforts. The doctor died in 1888, and Mrs. Stormont is one of the wealthiest ladies in Kansas.

Since that time she has busied herself in a quiet, unostentatious way, assisting worthy charitable institutions and enterprises for the betterment of mankind. Knowing the value of books to the physician, and his inability to have all at his command that he desires, and at the same time perpetuate the name of her husband, she has established the Stormont fund for a medical library. The following we clip from the seventh biennial report of the state librarian of Kansas for 1890:

THE STORMONT FUND AND LIBRARY.

"In my last report I called attention to the fact that Mrs. Jane C. Stormont wished to donate to the library \$5,000, as a permanent fund for the purchase of standard medical books, to be kept separately, and named in some appropriate way to distinguish them, as a memorial to her deceased husband, Dr. David W. Stormont; and that, in addition thereto she proposed to purchase books to about the same value, and place them in the library for a like purpose, and as a commencement of the collection, and that this generous lady only awaited the formal and authoritative reception of the proposed donation to perfect it. Accordingly, by an act of the legislature, approved March 1, 1889, (see chapter 241, laws of 1889, page

365,) this memorial donation was duly accepted, and by the terms of said act full provision was made for the reception, care and investment of the proposed permanent fund.

"In accordance with said proposition and act, Mrs. Stormont, on June 14, 1889, paid to the treasurer of the state the sum of \$5,000; and, as provided by said act, the school fund commissioners, on July 1, 1889, invested said fund as follows: \$1,000 thereof in ten bonds of the denomination of \$100 each, issued by school district No. 98, of Shawnee county, Kansas, due July 1, 1899, bearing six per cent. interest, with interest coupons not matured thereto attached; and the remaining \$4,000 thereof in forty bonds of the denomination of \$100 each, issued by school district No. 44, of Nemaha county, Kansas, also due July 1, 1899, bearing six per cent. interest, with interest coupons not matured attached. The coupons due January 1 and July 1, 1890, are now paid in, making the accrued sum of \$300 now in the treasury ready to be used for the purchase of books.

"In addition to the above donation, Mrs. Stormont proposes to purchase and present to the "Stormont Medical Library" new books to the value of \$5,000. These are being selected by a committee of physicians chosen by Mrs. Stormont, and consisting of Drs. Reid Alexander, C. H. Guibor, R. M. Phillips, John E. Minney and W. L. Schenck. Two hundred and ten volumes have already been purchased, and are now in the library, a full list and description of which can be found in schedule K.

"A glance at this list will show that they are all books of the highest authority, of the latest editions, and that they cover a wide range of medical topics. I would especially call attention to Ashurst's International Encyclopædia of Surgery in six quarto volumes; Buck's Reference Handbook of the Medical Sciences, in eight quarto volumes; Wood's Medical and Surgical Monographs, in four large volumes; Ziemssen's Cyclopædia of the Practice of Medicine, in twenty-one large volumes; Duhring's Atlas of the Skin, a magnificent folio; and Wood's Medical Library of Standard Medical Authors, cover-

ing 100 volumes, by authors of the highest rank in the profession, beginning with Hippocrates, "The Father of Medicine," and including the works of many of the oldest Spanish, French, German, English and American writers. This set of books alone contains over 5,000 illustrations by wood engravings, and 200 full page tinted lithographic plates, making of itself a great medical library of the highest authority and value.

"It is the intention of Mrs. Stormont to continue to purchase and place in the library similar books to the value of \$5,000, as fast as the selection can be judiciously made, which will start the Stormont collection with about 1,000 volumes of standard medical books, and which will at once make it the largest and best selected collection of medical books in the state of Kansas, or in fact to be found anywhere except in the library of a medical college.

"It has been thought best to leave the accumulation of the permanent fund in the treasury until this voluntary purchase is completed, when the \$300 now accrued, and the subsequently maturing interest may be used to better advantage in topically equalizing the collection.

"Let me say a few words about this donation. In the first place it is unique. While many very liberal donations have recently been made in this country to public libraries, so called, and to aid in founding libraries of various societies on a scientific, political or literary basis, I have not learned of any similar donation to a STATE library. It is unique for another reason. There has been no ostentation about it, no special mention in the press, no competitive subscription asked for. I cannot remember that the generous lady, who is the real donor, has ever been in the library (where she would be very welcome), and when the legislature was in session she was not a visitor. Along the quiet and retired paths of life she keeps the even tenor of her way, with a few friends well tried, seeking few new ones, but keeping green the memory of the old ones.

"We guard with greatest care the things we prize most. To her nothing is so dear

as the memory of her husband, and whatever she can do to preserve that memory among men is a labor of love. Had she consulted the wise men of the east and the west I do not think so admirable a plan could have been devised as the one she has adopted. During the dynasties of the Theban kings, the monarch's burial place began to be excavated as soon as he ascended the throne, and the excavation went on year by year, the painting and decoration progressing till the king's death, when it was suddenly broken off. The tomb thus became an index both of the king's magnificence and of the length of his reign. And thus were many lives exhausted to perpetuate the memory of one. A few of these costly tombs remain to tell the story of the many others that have yielded to the irresistible decay they were intended to prevent. As time advances the marble or brazen shaft grows dimmer, and sinks deeper into the dust of time, until it is lost in the world's debris.

"How different it must and will be with this monument. It is not made of dull, cold, meaningless blocks of stone or marble, but of books filled with the best thoughts and experiences of scholarly men upon themes of the highest interest and importance to humanity; and every book bears the name of him in whose honor it is erected, and whose memory it is to perpetuate. It is never completed, and never ceases to grow towards greater attractiveness in beauty and utility, for here "the king never dies." Its purpose is not merely to attract the idle gaze, or mark a date, or chill the heart of the beholder with a cold sentiment written upon the brow of death, but it is a monument of warm life. From its atmosphere there flows out a healing balm to the afflicted, prolonging life, relieving pain, drying the tear upon the cheek of despair, and placing the smile of hope on the lip quivering with anguish, and the winsome dimple of health on the cheek of helpless infancy. It is at once a monument and a benediction. It is indeed the perfect emblem of immortality. The good the donor did or could do in his lifetime is not buried with him, but lives and goes steadily on while he quietly sleeps. The architect of

this monument planned better than the builders of the Pyramids.

"Look ahead a little at its assured growth. In ten years its value will be \$8,000, and it will contain 1,600 volumes. In fifty years its value will be \$20,000, in 100 years its value will be \$35,000, and it will contain 7,000 volumes, and in 1,000 years its value will be \$305,000, and it will contain 61,000 volumes. Then the monument will be colossal!

"Look around you to-day, and think what is there most substantial now that may survive to that far-off time. Not much that we can see or think of. But the state will survive. Kansas will be here. In fact, I believe she will then be only in the young girlhood of her life, with the golden tint of the corn in her hair, and the sun-lit glint of our blue skies in her eye. The Capitol building may then cover the State House square, but the Stormont collection will still have a place in it, though grown to the size I have mentioned, and it will be still growing. It will live and grow while the state lives, and no Kansan fears an oblivion that may rest beyond the lifetime of the state.

"How much good one may do with a small capital, if he but has the inclination, and knows how to do it. Think of the value to be received by the state and its people from this growing collection from year to year. One can almost hear the voices of that distant time expressing gratitude for the thoughtful kindness that has secured to them such a treasure, and reverently speaking the donor's name."

During the past year Mrs. Stormont has bought all the books selected by the committee, in all about \$3,000, and only awaits the committee's selection to complete the purchase. She is also completing arrangements for the circulation of these books, whereby all may be benefited who will. In all she has given \$10,000.—ED.

DR. A. A. O'NEILL, of the firm of Todd & O'Neill, Kansas City, Mo., visited friends in Topeka last month.

DR. A. H. CORDIER, of McPherson, has returned to Kansas after a six months' schooling in Philadelphia under Dr. Joseph Price. The doctor will make his home in the west, and wherever he may locate it will be good for that section of country.

DR. R. C. LOWMAN, the Union Pacific local surgeon at Kansas City, Kansas, was in Topeka last month visiting his classmate, Dr. R. S. Magee.

DR. J. T. SCOTT, of Holton, Dr. J. W. Maguire, of Hutchinson, L. L. Terwilliger, of Lansing, A. W. Sellards, of Scranton, — Smith, of St. Marys, and C. P. Marner, G. W. Moore, of Dwight, and N. J. Taylor, of Berryton, all good looking Kansas physicians, smiled on us last month.

The Eastern Kansas and Golden Belt Medical Societies.

We have the pleasure of announcing a joint meeting of the Golden Belt and Eastern Kansas Medical Societies, to be held in Lincoln Post Hall, Topeka, Kansas, April 7, 1892.

An instructive program has been prepared, and it being the annual meeting, it will be the business of the societies to elect officers for the ensuing year. For this and other reasons we especially invite you to meet with us.

All papers are necessarily limited to fifteen minutes; opening discussion to ten minutes; subsequent discussion to five minutes.

PROGRAM—3 P. M. SESSION.

1. General order of business.
 2. Reports of officers.
 3. Election of officers.
 4. Etiology and treatment of scarlet fever —Dr. T. N. Gunn, Chapman.
 5. Misfortunes of the female perineum —Dr. W. J. Van Eman, Leavenworth.
- Discussion by Dr. M. B. Ward, Topeka.

6. Placenta previa, with report of four cases—Dr. J. W. Felty, Abilene.

7. Report of an interesting case in surgery—Dr. J. W. Crowley, Salina.

8. Report of a case of rupture of spleen—Dr. Geo. M. Gray, Kansas City. Mo.

EVENING SESSION.

1. Address by President Terwilliger, Lansing—"Localization and treatment of cerebral tumors."

2. Address by President DeWees, Salina—"The Iatric Palestra."

3. Surgical treatment of meningitis—Dr. S. G. Stewart, Topeka.

Discussion—Dr. D. F. Rodgers, Emory Lanphear.

4. Epithelioma and its treatment—Dr. P. Daugherty, Junction City.

5. Cephalhæmatoma, with report of a case—Dr. O. D. Walker, Lawrence.

6. Electricity as a therapeutic agent—Dr. Jos. Haigh, Grenada.

7. Practical points in the treatment of amblyopia—Dr. B. E. Fryer, Kansas City.

Discussion—Dr. J. E. Minney, Topeka.

8. Appointment of standing committees.

Volunteer papers and reports of cases are solicited.

Yours fraternally,

R. S. MAGEE, M.D., *Secy. East Kansas.*

F. B. BROWNE, M.D., *Secy. Golden Belt.*

Kansas State Medical Society.

SECTION OF SURGERY.

1. Address by the president, Wm. E. Shastid, M.D.

2. Perforate appendicitis—J. C. McClintock, M.D., Topeka.

3. Vaginal hysterectomy for malignant growths—A. H. Cordier, M.D., McPherson.

4. Fractures about the elbow—Thomas Biddle, M.D., Emporia.

5. Supra-pubic cystotomy, its indications and technique—Emory Lanphear, M.D., Kansas City, Mo.

6. Anæsthesia—E. E. Liggett, M.D., Oswego.

7. A report of some cases of laparotomy—H. C. Dalton, M.D., St. Louis, Mo.

8. The radical cure of hernia—J. Fairburn Binnie, M.D., Kansas City.

9. Cholecystotomy—Geo. M. Gray, M.D., Kansas City, Kas.

10. A paper—Dr. George Emerson, Winfield, Kas.

11. Antiseptic details in abdominal surgery—N. F. Terry, M.D., Lyons, Kas.

12. A paper—Prof. H. H. Mudd, St. Louis.

13. What I have learned to unlearn in surgery—P. Daugherty, M.D., Junction City, Kansas.

14. A paper—Dr. Boyd, Newton, Kas.

15. A case of carcinoma; can the per cent. of recurrence be diminished?—L. H. Munn, M.D., Topeka.

16. A paper—Dr. Sheldon, Topeka.

17. A case of compound fracture of leg—Edwin B. Shaw, M.D., Osage City.

18. A paper—J. A. Lane, M.D., Leavenworth.

19. Appendicitis—S. J. Warren, M.D., Clay Center.

WM. E. SHASTID, *President.*

CHAS. GARDNER, *Secretary.*

N. E. K. M. & P. Association.

The Northeast Kansas Medical and Protective Association will meet in the office of Dr. S. P. Paddock, Netawaka, Kansas, April 12, at 2 o'clock P. M.

PROGRAM.—AFTERNOON SESSION.

Antiseptic Surgery—Dr. S. E. Sheldon, Topeka.

Pneumonia—Dr. S. C. Paddock, Netawaka.

EVENING SESSION.

Syphilis—Dr. Troughton, Seneca.

Hysteria—Dr. Fitzgerald, Wetmore.

A paper—Dr. Ward, Topeka.

D. H. FITZGERARD, M.D., *President.*

R. S. MAGEE, M.D., *Secretary.*

THE pylorus of the stomach is the seat of the disease in sixty per cent. of cases in which that organ is affected.

A JOINT meeting of the Republican Valley and State Line medical societies will be held in the Eureka parlors, Concordia, Kansas, Tuesday, April 5, 1892.

PROGRAM.

(Session convenes at 11 o'clock A.M.)

1. Addresses by the presidents.
2. Gynecology—M. B. Ward, M.D., Topeka, Kansas.
3. Ophthalmology—G. A. Wall, M.D., Topeka, Kansas.
4. Dosemetric medicaments and its advantages—J. A. Jeannotte, M.D., Clyde, Kas.
5. *Spinæ bifida*—G. N. Lowe, M.D., Randall, Kansas.
6. Alcoholism and its treatment—J. F. Bradshaw, M.D., Superior, Neb.
7. Surgery—Dr. Davis, McCook, Neb.
8. Obstetrics—Dr. Slagh, Smith Center, Kansas.

OFFICERS.

(Republican Valley Society.)

F. M. DAILY, M.D., *President*.

C. F. LESLIE, M.D., *Secretary*.

(State Line Society.)

G. E. MCKEEBY, M.D., *President*.

J. F. BRADSHAW, M.D., *Secretary*.

South Kansas Medical Society.

The next semi-annual meeting of the South Kansas Medical Society will be held in Wichita, May 3, 1892. An interesting program has been promised, and a profitable as well as a royal good time is anticipated.

The officers of the society urge a full attendance of the membership, and hereby invite all other qualified physicians who feel an interest in a live medical society to meet with us.

Remember the date and come.

O. B. WHITECAR, *Secretary*.

DR. J. H. BRIERLEY, of Glasco, Kansas, has been appointed United States inspector bureau of annual industry, and stationed at Kansas City, Kansas.

ALBERT L. GIHON, A.M., M.D., of the U. S. Navy, a prominent member of the American Medical Association, and also of the American Public Health Association, is one of the few medical officers of the nation who have honored their government, their profession and themselves by unwearying effort in the line of duty, and by extra duty, to advance medical knowledge and uplift humanity.

Dr. Gihon could never sit down to the hum-drum life so common to medical officials in government employ. He is not built that way, and because of his energy and professional pride the whole medical profession of America will hail the day when he shall be advanced to the first medical position in the navy.

THE only objection to a self-made man is that in many cases he has failed to put himself together so as to work noiselessly.

Obituary.

D. Hays Agnew, A.M., M.D., LL.D., one of the best known men in the medical profession of America, and one of its best men, revered and honored wherever scientific surgery is practiced, died at his home in Philadelphia, Pa., March 22, in the seventy-fourth year of his age.

Lecturer and professor in the University of Pennsylvania since 1863, a judicious teacher, ever beloved by his pupils, and a successful practitioner, his life work reached its acme in the publication of one of the most classical, elaborate and instructive works on surgery ever given to the profession. Passing from labor to reward after a long, useful and honorable life, he leaves a name and fame which will ever place him in the first rank as a scholar, surgeon and christian gentleman.

DR. MCCracken, of Sterling, Kas., met with a painful accident last month which laid him up for several days.

Report of Topeka Board of Health.

(Population 32,000.)

REPORT OF CASES DURING FEBRUARY.

scarlet fever.....	17
diphtheria.....	1
measles.....	51

DEATHS.

pneumonia.....	3
apoplexy.....	1
heart disease.....	1
pulmonary consumption.....	2
influenza.....	1
whooping cough.....	1
cerebral congestion.....	1
capillary bronchitis.....	1
congestion of brain.....	1
children under 5 years of age.....	3
Total.....	15

Ratio of 1 to 2,133 of population.

L. M. CARTER, *Sanitary Sergeant.*

EDITOR KANSAS MEDICAL JOURNAL:

It seems to the writer a matter of regret, not to say chagrin and disappointment, that it should be necessary at this day of enlightenment in medical science, to again raise the question of our co-operation with homeopaths. It must be that every honorable, intelligent physician who has studied and practiced rational medicine condemns without stint or qualification the so-called school of medicine, homeopathy. It follows then that he must not countenance it, much less encourage it and openly and professedly ally himself with it, voluntarily or involuntarily. At this is just what certain members of the state board of health are doing.

I invoke the aid and interest of every worthy physician and surgeon in Kansas, or, broader still, of "all to whom these presents shall come, greeting," to a satisfactory settlement of this question so far as it affects our freedom to do what we think is right in the premises. A concrete example is at hand. Our county health officer is "Doctors Anderson, Homeopaths," a literal copy

of the "shingle" displayed at the office door of Geo. H. Anderson and Alice Anderson, his wife, "homeopaths"—both of them. It must be understood that this reference to them is strictly as physicians; as citizens, I would speak to them or of them with due respect and consideration.

About once a year we get circular letters threatening us with lawsuits and fines for not reporting vital statistics. Some physicians in the county, with the fear of the law before their eyes, make partial returns at long intervals; some others, bolder, make no report at all. Ye undersigned hath made one small report in three years, and he hereby covenanteth to keep up the good work of discouragement till "Bernhardt takes the veil."

The purpose of the law is defeated by its jealous, silly provision that a majority of no one school of medicine shall be in the state board of health. I would regard it as a privilege and pleasure to comply with the law, and will, in so far as the compliance does not not conflict with a higher law.

Let the editor-man and the brethren testify.

N. HAYES, M.D.

Monthly Summary of Meteorological Observations.

Observing Station, Washburn College, Topeka, Kas.

Altitude, 1,000 ft. Longitude, 95.4. Latitude, 39.03.

	JANUARY.	FEBRUARY.
Mean barometer.....	30.964	30.116
Mean temperature.....	23.81	37.2
Mean temp. from max. and min....	24.0	49.6
Maximum temp.....on Jan. 28, 60		Feb. 13, 62.1
Maximum temp.....on Jan. 19, 22.8		Feb. 15, 12.6
Greatest range of daily temp.....Jan. 16, 40.2		Feb. 12, 40
Greatest range of daily temp.....Jan. 10, 6.8		Feb. 6, 2.4
Total precipitation in inches.....	1.21	3.33
Total snow-fall during month, inches.....	6.1	0.
Number of clear days.....Jan., 13		Feb., 6
Number of fair days.....Jan., 14		Feb., 10
Number of cloudy days.....Jan., 4		Feb., 13
Number of days on which .01 inch precip., Jan., 6		Feb., 10
Prevailing direction of wind at 7 A.M.....	} Northwest	
Prevailing direction of wind at 2 P.M.....		
Prevailing direction of wind at 7 P.M.....		
Date of auroras.....	Feb. 12 and 13	
Number of times wind in each direction at three observations per day during February: N.W. 16; N. 14; N.E. 9; E. 6; S.E. 8; S. 8; S.W. 10; W. 8; Calm 8.		
Normal temperature (14 years).....Jan., 22.4		Feb., 30.8
Average precipitation (15 years).....Jan., 1.23		Feb., 1.5

T. B. JENNINGS, Observer, Signal Station.

Per F. S. DITTO, Signal Corps, U. S. Signal Service.

AN innovation in the way of medical society entertainments was introduced at Parsons during the meeting of the Southeast Kansas Medical Society.

The evening session was held in the parlors of the Matthewson house, and after its adjournment the members were introduced to a number of invited guests. An address of welcome by Rev. Mr. Carr was responded to by Dr. J. E. Minney, of Topeka. The assembly was then most happily entertained by various musical selections rendered by Mrs. Carter, and by recitations from several of the ladies present.

The evening was most delightfully spent, and unlike the usual banquet, everyone went home clear headed and light hearted.

WE are grieved to learn of the death in Chicago of our friend Dr. J. M. Bibbee, formerly of Wichita. Dr. Bibbee was a gentleman in every respect, and a physician of ability; a man of great promise, who had attained the respect and confidence of all who knew him.

ACCORDING to Pilcher, in the twenty-seven cases of resection of the pylorus, by Billroth and his assistants, but one patient lived for more than six months, while more than one-half of the cases succumbed at once to the operation.

ACCORDING to recent investigations, the destruction of one supra-renal body does not entail death, while the removal of both invariably does by inducing paralysis of the respiratory muscles.

The chief function of these bodies, according to the gentleman who made the above observations, seems to be to destroy or neutralize some poisonous substance engendered by the organism.

THE KANSAS MEDICAL JOURNAL is the best medical journal in the west, and costs only two dollars a year. Here's your chance.

A GENTLEMEN, describing to a lady friend a distinguished artist, said, "To begin, his forehead is a perfect Niagara!" "What?" was the bright reply, "do you mean to say he has a cataract over both eyes!"

—*Memoirs of Chiropodus.*

THE Health Restorative Company of New York have introduced to the profession some very nice preparations. Their Wine of Cocoa, which represents the nutrient and tonic properties of coca, is a very pleasant and efficient preparation. They also manufacture a Febricide Pill, which in therapeutic properties is similar to antipyrine and phenacetin. Both of these drugs are nicely put up, and are meritorious in the line for which they are recommended.

DELAND, FLORIDA, March 10, 1892.
MESSRS. RENZ & HENRY, Louisville, Ky.:

Gentlemen.—Responding to inquiry of yours regarding my experience in the administration of the "Three Chlorides," it gives me pleasure to say that a favorable report of the preparation is fully justified by the results obtained from its exhibition during a period of over six months in my practice.

My attention was first directed to it through the resemblance of the formula to an extemporaneous prescription which the nature of the conditions here rendered frequently necessary, and I have derived much more satisfactory results from your preparation than from any extemporaneous combination of a like character.

A large proportion of cases treated here are chronic, and where an alterative tonic is required, the "Three Chlorides" leaves little to be desired.

I have found it especially serviceable in Specific Anæmia, Integumental Struma, Chronic Furuncular Dyscrasia (frequently epidemic here), in the debility following Anthrax, and in two cases of Eczema Invet-erata.

Very sincerely yours,

D. STUART LYON, M.D.